

Accountable care at Academic Medical Centers: Lessons learned

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Academic Medical Centers (AMCs) must adjust and adapt to the new health care reform laws or risk marginalization in the new health care arena, according to a *New England Journal of Medicine* Perspective article published online February 2.

The authors of the article, Scott A. Berkowitz, M.D., M.B.A., a fellow in cardiology and geriatrics at the Johns Hopkins University School of Medicine, and Edward D. Miller, M.D., dean and CEO of Johns Hopkins Medicine, argue that AMCs can not only remain relevant in the face of sweeping change, but can lead the way by serving as examples of successful transformation while continuing to excel in achieving their mission. For some AMCs, this may take the form of becoming accountable care organizations (ACOs) as established in the Affordable Care Act.

First and foremost, AMCs must have an integrated system of sufficient size and breadth to provide necessary and timely inpatient and outpatient services across the full continuum of care, including primary and specialty care.

Secondly, AMCs need to assess the financial risk associated with pursuing ACO status. The authors note that the Affordable Care Act allows for various ACO payment models based on the level of risk that the health care organization assumes. For example, under partially capitated models, the ACO would be at risk for the cost of some, but not all, of the services covered by Medicare.

Thirdly, AMCs need a robust health information technology platform that captures all patient-encounter information into a standardized system that permits providers to share information, enhances clinical decision making and facilitates rapid analysis of input data.

Lastly, and potentially most challenging, is changing the historic culture of AMCs, which traditionally favor—in terms of advancement—faculty grant support, publications and scholarly reputation over contributions to high-quality care.

The authors cite several examples from the Johns Hopkins Medicine experience that illustrate successful components of an accountable care organization-like model, including health system network expansion, increases in primary care capability, and success in managing capitated care programs.

"Despite the barriers to becoming an accountable care organization," says Berkowitz, "health care reform brings great opportunities for academic medical centers to modernize their approaches to research, education and clinical care."

"In many important respects, academic medical centers are ideally positioned to implement meaningful [health care](#) reform," says Miller. "They have the requisite infrastructure, intellectual capital and networks to spearhead efforts to develop, pilot and disseminate new patient-focused measures and care models."

Provided by Johns Hopkins Medical Institutions

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